

DEMOGRAPHICS		
Site Name & Number: VENTRESS-0845	Patient Name: (Last, First) Strickland Willie	Date: (mm/dd/yy) 2/25/05
Site Phone #: 334-7758178	Alias: (Last, First)	Date of Birth: (mm/dd/yy)
Site Fax #: 334-775-8178	Inmate # 226537	PHS Custody Date: (mm/dd/yy)
Will there be a charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	SS Number _____	Potential Release Date: (mm/dd/yy) ____/____/____
Responsible party: <input type="checkbox"/> PHS <input type="checkbox"/> Auto Ins.	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Health Ins. (Excludes Medicare/Medicaid Managed Care alternative plans) <input type="checkbox"/> Other, be specific (Excludes Medicare and Medicaid):
CLINICAL DATA		
Requesting Provider: Dr. Rayapati	History of Illness/injury/symptoms with Date of Onset: Small RT A - with no significant lab. easily reducible	
Facility Medical Director Signature and Date: Samuel Rayapati MD		
<input type="checkbox"/> Service meets criteria for approval via protocol	Results of a complaint directed physical examination: P/C - Examination. Reveals no significant changes from the past	
Place a check mark (✓) in the Service Type requested (one only) and complete additional applicable fields.		
<input checked="" type="checkbox"/> Office Visit (OV) <input type="checkbox"/> X-ray (XR) <input type="checkbox"/> Scheduled Admission (SA) <input type="checkbox"/> Outpatient Surgery (OS) <input type="checkbox"/> Dialysis (DA) <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent		
Estimated Date of Service (mm/dd/yy) (This starts the approval window for the "open authorization period")		
Multiple Visits/Treatments:	<input type="checkbox"/> Radiation therapy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Other:	
Number of Visits/Treatments:		
Specialist referred to: Dr. Wright	Previous treatment and response (including medications): None prescribed - THIS FOR PROFESSIONAL USE ONLY CONFIDENTIAL RECORD NOT TO BE PHOTO COPIED	
You must include copies of pertinent reports such as lab results, x-ray interpretations and specialty consult reports with this form. <input type="checkbox"/> Patient Documents have been attached and faxed.	***For security and safety, please do not inform patient of possible follow-up appointments***	
UM DETERMINATION:	<input type="checkbox"/> Offsite Service Recommended and Authorized	
<input type="checkbox"/> Alternative Treatment Plan (explain here):		
<input type="checkbox"/> More Information Requested: (See Attached)	Date resubmitted:	
<input type="checkbox"/> Resubmitted with requested information.	____/____/____	
Regional Medical Director Signature, printed name and date required:	____/____/____ (mm/dd/yy)	
Do not write below this line. For Case Manager and Corporate Data Entry ONLY.		
Cert Type:	Med Class:	UR Auth #:

Fax 2-28-05

IN THE DISTRICT COURT OF THE UNITED STATES
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

WILLIE R. STRICKLAND, PRO SE,

PLAINTIFF,

v.

CASE NO. 2:05-CV-931-F

SAMUEL RAYAPATI, et. al.,

DEFENDANTS

Rebuttal to sworn affidavit of Samuel Rayapati, M.D.

Samuel Rayapati states he has been licensed in the State of Alabama since 1992, and medical director since February 18, 2004.

ANSWER

Samuel Rayapati was license to practice medicine in th State of Georgia and was licensed at all times relevant to matters stated herein. See Exhibit C.

From on or about August 31, 1994 though July 15, 1996 Dr. Rayapati provided treatment for patient J.M. Patient died due to developing Stevens Johnson disease as an adverse drug reaction to allopurinol. Medical experts believe Dr. Rayapati's diagnosis and treatment fell below minimal standards of prevailing medical practice. In June 9, 200 conduct constitutes sufficient grounds for imposition upon Dr. Rayapati's license to practice medicine in the State of Georgia, and ordered him to obtain thirty hours of continuing medical education of the diagnosis and treatment of gout and adverse drug reactions which took him 4 years.

On February, 2004, Dr. Rayapati asked the State Board of Medical Examiners in Georgia that the probation of respondents license to practice

medicine in the state of Georgia be terminated, and was ordered so.

2. Dr. Rayapati himself raffered Plaintiff on June 14, 2004 and also on February 25, 2005 to an office visit for a consultation to determine if surgery was needed. On both occasions the Plaintiff was denied, proving Deliberate indifference. Dr. Rayapati states in his sworn affidavit states "Appropriate standard of care has been adhered to at all times in providing medical care, evaluation and treatment to this inmate." The evaluation was never done.

3. Dr. Rayapati also states "Strickland's known medical complaints and conditions have been addressed as promptly as possible." If 18 months is prompt I'd hate to see slow.

Respectfully yours,

Willie Strickland PROSE
Willie R. Strickland
AIS #226537 Dorm 3
Post Office Box 767
Clayton, AL. 36016-0767

BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
Composite State Board
of Medical Examiners

IN THE MATTER OF:

SAMUEL RAYAPATI, MD
License # 037345
Respondent

FEB 18 2004

DOCKET NUMBER

Docket No.

99-mb-00-125

11:24

PUBLIC CONSENT ORDER TERMINATING PROBATION

WHEREAS, the Composite State Board of Medical Examiners ("Board") entered a Consent Order
in the above styled matter on June 9, 2000, which placed Respondent's license to practice medicine in
Georgia on probation; and

WHEREAS, Respondent has petitioned to have the probation terminated; and

WHEREAS, the Board has determined that the Respondent has complied with all the terms and
conditions of the probation,

NOW, THEREFORE, IT IS HEREBY ORDERED that the probation of Respondent's license
to practice medicine in the State of Georgia be TERMINATED.

SO ORDERED, this 18th day of February 2004.

2004 FEB 18 AM 11:24

COMPOSITE STATE BOARD OF
MEDICAL EXAMINERS

Grace V. Davis, MD, M.P.H.
President

(BOARD SEAL)

ATTEST:

LaShawn Hughes
Executive Director